



PTO/SB/21 (04-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number	09/862,424		
	Filing Date	May 23, 2001	
	First Named Inventor	Victor M. Markowitz.	
	Art Unit	1631	
	Examiner Name	Cheyne D. Ly	
Total Number of Pages in This Submission	15	Attorney Docket Number	4010US (111944-0015)

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Technology Center (TC)
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
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<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Document(s)	Remarks	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual name	Eleanor M. Musick, Reg. No. 35,623
Signature	<i>Eleanor M. Musick</i>
Date	August 25, 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Typed or printed name	Eleanor M. Musick		
Signature	<i>Eleanor M. Musick</i>	Date	August 25, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO FEE TRANSMITTAL
for FY 2004
Effective 10/1/2003. Patent fees are subject to annual revision.
☒ Applicant claims small entity status. See 37 CFR 1.27

Complete If Known

Application Number 09/862,424
Filing Date May 23, 2001
First Named Inventor Victor M. Markowitz
Examiner Name Cheyenne D. Ly
Art Unit 1631
Attorney Docket No. 4010US (111944-0015)

METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																	
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> other <input type="checkbox"/> None <input type="checkbox"/> Deposit Account Deposit Account Number 50-2075 Deposit Account Name Procopio, Cory, Hargreaves & Savitch LLP The Director is authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.		3. ADDITIONAL FEES																																																																																																																																	
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SUBMITTED BY		(Complete if applicable)	
Name (Print/Type)	Eleanor M. Musick	Registration No. (Attorney/Agent)	35,623
Signature	<i>Eleanor M. Musick</i>	Telephone	760/931-9700
		Date	August 25, 2004

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1631/IFW



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)	FOR: System and Method for Managing
)	Gene Expression Data
Victor M. Markowitz)	
)	
Serial No.: 09/862,424)	
)	Group Art Unit: 1631
Filed: May 23, 2001)	

AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attention: Cheyne D. Ly
Examiner

Dear Sir:

This is in response to the Office Action dated February 25, 2004. Included herewith is a request for a three month extension of time for response to the Office Action with payment.

Please amend the application as follows:

Amendments to the Claims begin on page 2.

Remarks begin on page 9.

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on:

August 25, 2004

(Mailing Date)

Eleanor M. Musick

(Registered Representative)

Eleanor M. Musick
(Signature)

August 25, 2004

(Date of Signature)